

EXPENSES CLAIM FORM

FOR DETAILED INSTRUCTIONS - SEE INSTRUCTIONS TAB.

- ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.
- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS
- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.
- MAKE SURE ERRORS LISTED IN CELL I50-I52 ARE RESOLVED BEFORE SUBMITTING CLAIM

[illegible]

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NAME:

James

Dipple-Johnstone

DATE OF CLAIM:
DD/MM/YY

15/08/18

CLAIM REFERENCE:

Dipp15-08-18

DATE & TIME
(FOR SUBSISTENCE CLAIMS)

RECEIPT DATE/
TRIP START

TRIP END

TOTAL
TRIP

REASON FOR TRIP

WHY YOU TRAVELLED

COST CENTRE (TEAM NUMBER / NAME):

DESCRIPTION OF EXPENSE

WHAT YOU PAID FOR

SELECT COST CENTRE HERE

RECEIPT
NUMBER

NO.
MILES

NO.
PASSENGERS

AMOUNT
CLAIMED
CHOOSE CURRENCY

PROJECT CODE

FINANCE USE

DD/MM/YY 00:00:00

DD/MM/YY 00:00:00

HRS

CHOOSE FROM DROP DOWN LIST

ENTER NUMBER UNLESS N/A APPEARS

UK £

USE DROP DOWN LIST

CODE

15/08/18

16/08/18

n/a

Transition Approach Workshop (15/8) and NCA meeting, London (16/8)

o/n incidentals

UK overnight incidental allowance 26001

N/A

N/A

5.00

NO PROJECT - 0000

SEL-26001-0000

Enter any notes relating to this claim here

Total miles

0

Claimant declaration:

James Dipple-Johnstone

I confirm that all of the above expenses have been incurred wholly, exclusively and necessarily on ICO business and that where car or motorcycle mileage has been claimed that I held a valid driving licence and the vehicle used had a motor insurance policy for use in connection with business, was taxed and had a valid MOT certificate on the date of travel.

TOTAL EXPENSES INCURRED

5.00

CASH ADVANCE RECEIVED

TOTAL CLAIMED/(REPAID TO FINANCE)

5.00

Heather Dove

Once the errors in Cell I50-52 are resolved, forward this claim and your scanned receipts to your approver who should review it and then email it to expenses@ico.org.uk with "approved expenses" in the subject.

ERRORS

n/a
SELECT COST CENTRE IN CELL I4 BEFORE SUBMITTING CLAIM
n/a